

REQUEST FOR ASSIGNMENT OF A COMMERCIAL AND GOVERNMENT ENTITY (CAGE) CODE <i>(See Instructions on Reverse)</i>		<i>Form Approved</i> <i>OMB No. 0704-0225</i> <i>Expires Oct 31, 1991</i>	
Public reporting burden for this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0225), Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send completed form to address on reverse.			
SECTION A - TO BE COMPLETED BY INITIATOR			
1. REQUESTING GOVERNMENT AGENCY/ACTIVITY			
a. NAME 126 99 TH CONTRACTING SQUADRON		b. ADDRESS (Street, City, State and Zip+4 Code) 5865 SWAAB BLVD, BLDG 588 NELLIS AFB NV 89191-7063	
2. TYPE CODE REQUESTED (X one)		3. EXCEPTION CODES	
a. TYPE A		a. CAO	
b. TYPE F		b. ADP	
4. INITIATOR			
A. typed name (Last, First, Middle Initial)		b. OFFICE SYMBOL 99 CONS/LGCC	
		c. SIGNATURE	
		d. TELEPHONE NO.	
SECTION B - TO BE COMPLETED BY FIRM TO BE CODED			
1. FIRM			
a. NAME (Include Branch of, Division of, etc.)		b. ADDRESS (Street, City, State, and Zip+4 Code)	
c. CAGE CODE (If previously assigned)			
2. IF FIRM PREVIOUSLY OPERATED UNDER OTHER NAME(S) OR OTHER ADDRESS(ES) SPECIFY THE PREVIOUS NAME(S) AND/OR ADDRESS(ES) <i>(Use separate sheet of paper, if necessary)</i>		3. PARENT COMPANY AND AFFILIATED FIRMS (X one, and complete as applicable)	
		a. NONE	
		b. CURRENTLY AFFILIATED WITH OTHER FIRMS (List name(s) and address(es) of such firms on a separate sheet of paper)	
		c. PREVIOUSLY AFFILIATED WITH OTHER FIRMS (List name(s) and address(es) of such firms on a separate sheet of paper)	
4. PRIMARY BUSINESS CATEGORY (X one)		5. DISADVANTAGED SMALL BUSINESS STATUS) (X one)	
a. MANUFACTURER		a. APPROVED BY SMALL BUSINESS ADMINISTRATION (SBA) FOR SECTION 8(a) PROGRAM	
b. DEALER/DISTRIBUTOR		b. OTHER DISADVANTAGED SMALL BUSINESS FIRM	
c. CONSTRUCTION FIRM		c. NOT DISADVANTAGED SMALL BUSINESS FIRM	
d. SERVICE COMPANY			
e. SALES OFFICE		7. WOMAN OWNED BUSINESS (X one)	
f. OTHER (Specify)		a. YES	
		b. NO	
		8. standard industrial classification (SIC) CODE(S)	
		a. PRIMARY	
		b. OTHER (Specify)	
9. REMARKS			
10. FIRM OFFICIAL			
a. TYPED NAME (Last, First, Middle Initial)		b. DATE SIGNED (YYYY MM DD)	
		c. SIGNATURE	
		d. TELEPHONE NO (with area code)	